

DSM-5[®] UPDATE

SUPPLEMENT TO
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MANUAL OF MENTAL DISORDERS,*
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Supplement to *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

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This supplement and the digital versions of DSM-5® (including the DSM-5® Diagnostic Criteria Mobile App, DSM-5® eBook, and DSM-5® on PsychiatryOnline.org) reflect any updates to diagnostic criteria and related text; coding updates, changes, or corrections; and any other information necessary for compensation in mental health practice. For the latest updates, please go to <http://dsm.psychiatryonline.org>.

ICD-9-CM codes are followed by ICD-10-CM codes in parentheses as in DSM-5.

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2015. ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

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Coding Updates at a Glance

This content is unchanged from the DSM-5® Coding Update (March 2014).

For Coding Updates in Detail, see pp. 8–26.

Disorder	Original	Update
Intellectual Disability (Intellectual Developmental Disorder)	319 (70) Mild 319 (71) Moderate 319 (72) Severe 319 (73) Profound	317 (70) Mild 318.0 (71) Moderate 318.1 (72) Severe 318.2 (73) Profound
Language Disorder	315.39 (F80.9)	315.32 (F80.2)
Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission	296.45 (F31.73)	296.45 (F31.71)
Bipolar I Disorder, Current or most recent episode hypomanic, In full remission	296.46 (F31.74)	296.46 (F31.72)
Selective Mutism	312.23 (F94.0)	313.23 (F94.0)
Trichotillomania (Hair-Pulling Disorder)	312.39 (F63.2)	312.39 (F63.3)
Adjustment Disorders	No specifiers for “acute” and “persistent (chronic)”	Add specifiers “acute” and “persistent (chronic)”
Insomnia Disorder	780.52 (G47.00)	307.42 (F51.01)
Hypersomnolence Disorder	780.54 (G47.10)	307.44 (F51.11)
Conduct Disorder, Adolescent-onset type	312.32 (F91.2)	312.82 (F91.2)
Kleptomania	312.32 (F63.3)	312.32 (F63.2)
Major Neurocognitive Disorders With Possible Etiologies The following coding updates ensure that insurance reimbursement can be obtained when the specifier “With behavioral disturbance” is used for the possible major neurocognitive disorders. The possible major neurocognitive disorders should be coded in the same way as their respective probable major neurocognitive disorders, as noted below. For excerpts of the DSM-5 sections with these changes, see pp. 14–26 of this DSM-5® Update.		
Major Neurocognitive Disorder Possibly Due to Vascular Disease	331.9 (G31.9)	290.40 (F01.51) With behavioral disturbance or 290.40 (F01.50) Without behavioral disturbance
Major Neurocognitive Disorder Due to Possible Alzheimer’s Disease (Note: Code first 331.0 (G30.9) Alzheimer’s disease.)	No coding of etiological medical condition 331.9 (G31.9)	Code etiological medical condition first (noted at left with each disorder) then code 294.11 (F02.81) With behavioral disturbance or 294.10 (F02.80) Without behavioral disturbance
Major Neurocognitive Disorder Due to Possible Frontotemporal Lobar Degeneration (Note: Code first 331.19 (G31.09) frontotemporal disease.)		
Major Neurocognitive Disorder With Possible Lewy Bodies (Note: Code first 331.82 (G31.83) Lewy body disease.)		
Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease (Note: Code first 332.0 (G20) Parkinson’s disease.)		

Criteria Updates

Key: **Underlined text is to be added; crossed-out text is to be deleted.**

Neurodevelopmental Disorders

Autism Spectrum Disorder: Criterion A

(DSM-5, p. 50; Desk Reference, p. 27)

As printed A. Persistent deficits in social communication and social interaction across multiple contexts, as **manifested by the following**, currently or by history (examples are illustrative, not exhaustive; see text):

As updated A. Persistent deficits in social communication and social interaction across multiple contexts, as **manifested by all of the following**, currently or by history (examples are illustrative, not exhaustive; see text):

Reason for update *This update clarifies that all three items in Criterion A are required.*

Schizophrenia Spectrum and Other Psychotic Disorders

Brief Psychotic Disorder: “With Peripartum Onset” Specifier

(DSM-5, p. 94; Desk Reference, p. 48)

As printed With **postpartum** onset:

As updated With **postpartum-peripartum** onset:

*Corresponding update in DSM-5 Classification, Brief Psychotic Disorder
(DSM-5, p. xv; Desk Reference, p. xii)*

As printed Specify if: With marked stressor(s), Without marked stressor(s), With **postpartum** onset

As updated Specify if: With marked stressor(s), Without marked stressor(s), With **postpartum-peripartum** onset

Reason for update *“Peripartum” is correct.*

Bipolar and Related Disorders

Bipolar I Disorder: Manic Episode, Criterion A

(DSM-5, p. 124; Desk Reference, p. 65)

As printed A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

As updated A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

Reason for update *The term “goal directed” is removed in Criterion A so that goal-directed activity is not required for criteria to be met for manic episode; “goal-directed activity” is included in the criteria for manic episode only once, in Criterion B6.*

Bipolar I Disorder: Hypomanic Episode, Criterion F*(DSM-5, p. 125; Desk Reference, p. 67)***Bipolar II Disorder: Hypomanic Episode, Criterion F***(DSM-5, p. 133; Desk Reference, p. 72)*

As printed F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment).

As updated F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) **or another medical condition.**

Reason for update *The addition of “or another medical condition” in Criterion F is now comparable to all other mood episode diagnostic criteria that rule out organic causes (i.e., the episode is not attributable to the physiological effects of a substance or another medical condition).*

Bipolar II Disorder: “With Melancholic Features” and “With Atypical Features” Specifiers*(DSM-5, p. 135; Desk Reference, p. 75)*

As printed With rapid cycling
With mood-congruent psychotic features

As updated With rapid cycling
(DSM-5) **With melancholic features (p. 151)**
With atypical features (pp. 151–152)
With mood-congruent psychotic features

(Desk Reference) With rapid cycling
With melancholic features (pp. 86–87)
With atypical features (pp. 87–88)
With mood-congruent psychotic features

Reason for update *The inclusion of these major depressive episode specifiers for bipolar II disorder (as for bipolar I disorder) is correct.*

Bipolar II Disorder: “With Seasonal Pattern” Specifier*(DSM-5, p. 135; Desk Reference, p. 75)*

As printed : Applies only to the pattern of major depressive episodes.

As updated **: Applies only to the pattern of major depressive episodes.**

Reason for update *The “with seasonal pattern” specifier applies to all mood episodes: manic, hypomanic, and major depressive episodes.*

Additional update to “with seasonal pattern” specifier, Criterion D Note, second paragraph, second sentence (DSM-5, pp. 153–154; Desk Reference, p. 91)

As printed This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.

As updated This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent loss of** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.

Reason for update *“Loss of energy” is correct.*

Bipolar II Disorder: Severity Specifier

(DSM-5, p. 135; Desk Reference, p. 75)

As printed Specify severity if full criteria for a **mood** episode are currently met:

As updated Specify severity if full criteria for a **mood-major depressive** episode are currently met:

Corresponding update in DSM-5 Classification, Bipolar II Disorder

(DSM-5, p. xvi; Desk Reference, p. xiv)

As printed Specify severity if full criteria for a **mood** episode are currently met: Mild, Moderate, Severe

As updated Specify severity if full criteria for a **mood-major depressive** episode are currently met: Mild, Moderate, Severe

Reason for update The severity specifiers “mild,” “moderate,” and “severe” apply when full criteria are met for a major depressive episode of bipolar II disorder.

Specifiers for Bipolar and Related Disorders: Severity Specifiers

(DSM-5, p. 154; Desk Reference, p. 92)

As printed **In full remission:** During the past 2 months, no significant signs or symptoms of the disturbance were present.

Specify current severity:

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

Mild: Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.

Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for “mild” and “severe.”

Severe: The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

As updated **In full remission:** During the past 2 months, no significant signs or symptoms of the disturbance were present.

Specify current severity of manic episode:

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

Mild: Minimum symptom criteria are met for a manic episode.

Moderate: Very significant increase in activity or impairment in judgment.

Severe: Almost continual supervision is required in order to prevent physical harm to self or others.

Specify current severity of major depressive episode:

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

Mild: Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.

Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for “mild” and “severe.”

Severe: The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

Reason for update Separate severity specifiers for manic episode are added to enhance clarity. The severity specifiers for manic episode are adapted from DSM-IV.

Depressive Disorders

Major Depressive Disorder: “With Mixed Features” Specifier, Criterion A

(DSM-5, p. 184; Desk Reference, p. 108)

As printed A. At least three of the following manic/hypomanic symptoms are present **nearly every day** during the majority of days of a major depressive episode:

As updated A. At least three of the following manic/hypomanic symptoms are present **nearly every day** during the majority of days of a major depressive episode:

Reason for update *This update removes an unneeded phrase.*

Specifiers for Depressive Disorders: “With Seasonal Pattern” Specifier, Criterion D Note (second paragraph)

(DSM-5, p. 187; Desk Reference, p. 113)

As printed This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.

As updated This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent loss of** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.

Reason for update *“Loss of energy” is correct.*

Alternative DSM-5 Model for Personality Disorders

Obsessive-Compulsive Personality Disorder: Proposed Diagnostic Criterion B1

(DSM-5, p. 768)

As printed 1. **Rigid perfectionism** (an aspect of extreme Conscientiousness [the opposite pole of **Detachment**]):

As updated 1. **Rigid perfectionism** (an aspect of extreme Conscientiousness [the opposite pole of **Detachment-Disinhibition**]):

Reason for update *“Disinhibition” is correct.*

Conditions for Further Study

Depressive Episodes With Short-Duration Hypomania: Proposed Criterion A

(DSM-5, p. 787)

As printed A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy.

As updated A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy.

Reason for update *In keeping with Criterion A for hypomanic episode in bipolar I and bipolar II disorders, the term “goal-directed” is removed in Proposed Criterion A; “goal-directed activity” is included in Criterion B6 for this proposed criteria as it is for hypomanic episode for bipolar I and bipolar II disorders.*

Text Updates

Key: **Underlined text is to be added; crossed-out text is to be deleted.**

Schizophrenia Spectrum and Other Psychotic Disorders

Delusional Disorder: Subtypes

Location DSM-5, p. 92: Revise lines 9 and 10 from top of page

As printed Somatic delusions can occur in several forms. Most common is the belief that the individual emits a foul odor; that there is an infestation of insects on or in the skin; that there is an internal parasite; **that certain parts of the body are misshapen or ugly**; or that parts of the body are not functioning.

As updated Somatic delusions can occur in several forms. Most common is the belief that the individual emits a foul odor; that there is an infestation of insects on or in the skin; that there is an internal parasite; ~~that certain parts of the body are misshapen or ugly~~; or that parts of the body are not functioning.

Reason for update *Somatic delusions that certain parts of the body are misshapen or ugly are diagnosed as body dysmorphic disorder, with absent insight, and not as delusional disorder. Without this update, the text suggests that such delusions should be diagnosed as delusional disorder.*

Depressive Disorders

Disruptive Mood Dysregulation Disorder: Development and Course

Location DSM-5, p. 157: First paragraph of section, revise line 6

As printed Because the symptoms of disruptive mood dysregulation disorder are likely to change as children mature, use of the diagnosis should be restricted to age groups similar to those in which validity has been established (**7**–18 years).

As updated Because the symptoms of disruptive mood dysregulation disorder are likely to change as children mature, use of the diagnosis should be restricted to age groups similar to those in which validity has been established (**7–6**–18 years).

Reason for update *The age range at which disruptive mood dysregulation disorder can be diagnosed and for which validity is established is age 6–18 years, as noted in Criterion G.*

Persistent Depressive Disorder: Differential Diagnosis

Location DSM-5, pp. 170–171: Revise second and third lines at top of p. 171

As printed If the symptom criteria are sufficient for a diagnosis of a major depressive episode at any time during this period, then the diagnosis of major depression should be **noted, but it is coded not as a separate diagnosis but rather** as a specifier with the diagnosis of persistent depressive disorder.

As updated If the symptom criteria are sufficient for a diagnosis of a major depressive episode at any time during this period, then the diagnosis of major depression should be **noted made, but it is coded not as a separate diagnosis but rather and also noted** as a specifier with the diagnosis of persistent depressive disorder.

Reason for update *This update clarifies that both major depressive disorder and persistent depressive disorder may be diagnosed comorbidly.*

Anxiety Disorders

Generalized Anxiety Disorder: Differential Diagnosis

Location *DSM-5, pp. 225–226: Revise last two lines of p. 225 through top two lines of p. 226*

As printed **Depressive, bipolar, and psychotic disorders.** Generalized anxiety/worry is a common associated feature of depressive, bipolar, and psychotic disorders and should not be diagnosed separately if the excessive worry has occurred only during the course of these conditions.

As updated **Depressive, bipolar, and psychotic disorders.** Although Generalized anxiety/worry is a common associated feature of depressive, bipolar, and psychotic disorders, generalized anxiety disorder may be diagnosed comorbidly if the anxiety/worry is sufficiently severe to warrant clinical attention. and should not be diagnosed separately if the excessive worry has occurred only during the course of these conditions.

Reason for update *This update resolves a discrepancy between the diagnostic criteria and the text. In certain cases, generalized anxiety disorder may be diagnosed with depressive, bipolar, and psychotic disorders as noted above and in consideration of the diagnostic criteria.*

Trauma- and Stressor-Related Disorders

Acute Stress Disorder: Differential Diagnosis

Location *DSM-5, p. 285: First paragraph, first line of “Adjustment disorders” section*

As printed **Adjustment disorders.** In acute stress disorder, the stressor can be of any severity rather than of the severity and type required by Criterion A of acute stress disorder.

As updated **Adjustment disorders.** ~~In acute stress disorder~~ In adjustment disorders, the stressor can be of any severity rather than of the severity and type required by Criterion A of acute stress disorder.

Reason for update *“In adjustment disorders” is correct.*

Somatic Symptom and Related Disorders

Somatic Symptom Disorder: Differential Diagnosis

Location *DSM-5, p. 314: First paragraph, delete second sentence*

As printed If the somatic symptoms are consistent with another mental disorder (e.g., panic disorder), and the diagnostic criteria for that disorder are fulfilled, then that mental disorder should be considered as an alternative or additional diagnosis. A separate diagnosis of somatic symptom disorder is not made if the somatic symptoms and related thoughts, feelings, or behaviors occur only during major depressive episodes. If, as commonly occurs, the criteria for both somatic symptom disorder and another mental disorder diagnosis are fulfilled, then both should be coded, as both may require treatment.

As updated If the somatic symptoms are consistent with another mental disorder (e.g., panic disorder), and the diagnostic criteria for that disorder are fulfilled, then that mental disorder should be considered as an alternative or additional diagnosis. ~~A separate diagnosis of somatic symptom disorder is not made if the somatic symptoms and related thoughts, feelings, or behaviors occur only during major depressive episodes.~~ If, as commonly occurs, the criteria for both somatic symptom disorder and another mental disorder diagnosis are fulfilled, then both should be coded, as both may require treatment.

Reason for update *This update resolves a discrepancy between the diagnostic criteria and the text, adhering to the criteria for somatic symptom disorder. The criteria do not exclude symptoms during depressive episodes.*

Coding Updates in Detail

This content is unchanged from the DSM-5® Coding Update (March 2014), with the exception of the following (“2015” replaces “2014”):

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2015.

ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

Replacement codes and other notes are in boldface type to aid visual reference only.
Shaded areas denote disorders with changes.

Neurodevelopmental Disorders

ICD-9-CM coding change for Intellectual Disability (Intellectual Developmental Disorder)

(ICD-10-CM code remains UNCHANGED)

Codes are found on the following pages: DSM-5: pp. xiii, 33 (*also delete coding note*), 848, 872; Desk Reference: pp. ix, 18 (*also delete coding note*)

DSM-5 Classification, Neurodevelopmental Disorders, Intellectual Disabilities, Intellectual Disability (Intellectual Developmental Disorder), p. xiii (Desk Reference, p. ix):

The ICD-9-CM code “319” should be deleted and replaced with blank lines: “____.”.

ICD-9-CM codes should be inserted as follows:

- 317** (F70) Mild
- 318.0** (F71) Moderate
- 318.1** (F72) Severe
- 318.2** (F73) Profound

DSM-5 criteria for Intellectual Disability (Intellectual Developmental Disorder) should be revised as follows, p. 33 (Desk Reference, p. 18):

DELETE the coding note.

ADD ICD-9-CM codes as follows:

Specify current severity (see Table 1):

- 317** (F70) Mild
- 318.0** (F71) Moderate
- 318.1** (F72) Severe
- 318.2** (F73) Profound

Alphabetical Listing, p. 848 (*not applicable to Desk Reference*)

Adjust the ICD-9-CM codes for Intellectual disability (intellectual developmental disorder) as follows (change placement of Profound as shown below):

DELETE 319

ADD ICD-9-CM codes:

- 317** (F70) Mild
- 318.0** (F71) Moderate
- 318.1** (F72) Severe
- 318.2** (F73) Profound

Numerical Listing (ICD-9-CM), p. 872 (*not applicable to Desk Reference*):

DELETE “319 Intellectual disability (intellectual developmental disorder)”

ADD the following:

- 317** Intellectual disability (intellectual developmental disorder), Mild
- 318.0** Intellectual disability (intellectual developmental disorder), Moderate
- 318.1** Intellectual disability (intellectual developmental disorder), Severe
- 318.2** Intellectual disability (intellectual developmental disorder), Profound
- BEFORE**
- 319 Unspecified intellectual disability (intellectual developmental disorder)

Neurodevelopmental Disorders (*continued*)

ICD-9-CM and ICD-10-CM coding changes for Language Disorder

Codes are found on the following pages: DSM-5: pp. xiii, 42, 848, 871, 891;

Desk Reference: pp. x, 24

DSM-5 Classification, Neurodevelopmental Disorders, Communication Disorders, Language Disorder, p. xiii (Desk Reference, p. x):

- Change 315.39 to **315.32**
- Change (F80.9) to **(F80.2)**

DSM-5 criteria, ICD-9-CM and ICD-10-CM codes for Language Disorder should be revised as follows, p. 42 (Desk Reference, p. 24):

- Change 315.39 to **315.32**
- Change (F80.9) to **(F80.2)**

Alphabetical Listing, p. 848 (*not applicable to Desk Reference*)

Change the codes for Language disorder as follows:

- Change 315.39 to **315.32**
- Change F80.9 to **F80.2**

Numerical Listing (ICD-9-CM), p. 871 (*not applicable to Desk Reference*)

Change the code for Language disorder as follows:

- Change 315.39 to **315.32**
- Move **315.32 Language disorder** to follow “315.2 Specific learning disorder, With impairment in written expression”

Numerical Listing (ICD-10-CM), p. 891 (*not applicable to Desk Reference*)

Change the code for Language disorder as follows:

- Change F80.9 to **F80.2**
- Move **F80.2 Language disorder** to follow “F80.0 Speech sound disorder”

Bipolar and Related Disorders

ICD-10-CM coding changes to Bipolar I Disorder,

Current or most recent episode hypomanic (ICD-9-CM code remains UNCHANGED)

Codes are found on the following pages: DSM-5: pp. xvi, 127, 842, 888;

Desk Reference: pp. xiv, 70

DSM-5 Classification, Bipolar and Related Disorders, Bipolar I Disorder, Current or most recent episode hypomanic, p. xvi (Desk Reference, p. xiv):

- ICD-10-CM code F31.73 should be changed to **F31.71**, In partial remission
- ICD-10-CM code F31.74 should be changed to **F31.72**, In full remission

DSM-5 criteria, coding table for Bipolar I Disorder should be revised as follows, p. 127 (Desk Reference, p. 70):

- In partial remission, Current or most recent episode hypomanic:
Change F31.73 to **F31.71**
- In full remission, Current or most recent episode hypomanic:
Change F31.74 to **F31.72**

Bipolar and Related Disorders (*continued*)

Alphabetical Listing, p. 842 (*not applicable to Desk Reference*)

Replace the ICD-10-CM codes as follows for Bipolar I disorder, Current or most recent episode hypomanic:

- Change F31.74 to **F31.72** In full remission
- Change F31.73 to **F31.71** In partial remission

Numerical Listing (ICD-10-CM), p. 888 (*not applicable to Desk Reference*)

Please change codes and reorder listing as follows:

- F31.71** Bipolar I disorder, Current or most recent episode hypomanic, In partial remission
- F31.72** Bipolar I disorder, Current or most recent episode hypomanic, In full remission
- F31.73 Bipolar I disorder, Current or most recent episode manic, In partial remission
- F31.74 Bipolar I disorder, Current or most recent episode manic, In full remission

Anxiety Disorders

ICD-9-CM coding change for Selective Mutism (ICD-10-CM code remains UNCHANGED)

Codes are found on the following pages: DSM-5: pp. xviii, 195, 859, 871;
Desk Reference: pp. xvii, 116

DSM-5 Classification, Anxiety Disorders, Selective Mutism, p. xviii

(Desk Reference, p. xvii):

- Change 312.23 to **313.23**

DSM-5 criteria, ICD-9-CM code for Selective Mutism should be revised as follows, p. 195

(Desk Reference, p. 116):

- Change 312.23 to **313.23**

Alphabetical Listing, p. 859 (*not applicable to Desk Reference*)

Replace the ICD-9-CM code as follows for Selective mutism:

- Change 312.23 to **313.23**

Numerical Listing (ICD-9-CM), p. 871 (*not applicable to Desk Reference*)

Change the code for Selective mutism as follows:

- Change 312.23 to **313.23**
- Move **313.23 Selective mutism** to precede “313.81 Oppositional defiant disorder”

Obsessive-Compulsive and Related Disorders

ICD-10-CM coding change for Trichotillomania (Hair-Pulling Disorder)

(ICD-9-CM code remains UNCHANGED)

Codes are found on the following pages: DSM-5: pp. xix, 251, 861, 890;
Desk Reference: pp. xviii, 133

DSM-5 Classification, Obsessive-Compulsive and Related Disorders, Trichotillomania

(Hair-Pulling Disorder), p. xix (Desk Reference, p. xviii):

- Change F63.2 to **F63.3**

DSM-5 criteria, ICD-10-CM code for Trichotillomania (Hair-Pulling Disorder) should be revised as follows, p. 251 (Desk Reference, p. 133):

- Change F63.2 to **F63.3**

Obsessive-Compulsive and Related Disorders (*continued*)

Alphabetical Listing, p. 861 (*not applicable to Desk Reference*)

Replace the ICD-10-CM code for Trichotillomania (hair-pulling disorder) as follows:

- Change F63.2 to **F63.3**

Numerical Listing (ICD-10-CM), p. 890 (*not applicable to Desk Reference*)

Change the ICD-10-CM code for Trichotillomania (hair-pulling disorder) as follows:

- Change F63.2 to **F63.3**
- Move **F63.3 Trichotillomania (hair-pulling disorder)** to precede “F63.81 Intermittent explosive disorder”

Trauma- and Stressor-Related Disorders

Add specifiers for Adjustment Disorders

(ICD-9-CM and ICD-10-CM codes remain UNCHANGED)

Specifiers are added on the following pages: DSM-5: pp. xx, 287; Desk Reference: pp. xix, 152

DSM-5 Classification, Trauma- and Stressor-Related Disorders, Adjustment Disorders, p. xx (Desk Reference, p. xix):

New specifiers are added as shown (see highlighted text):

____.____ (____.____) Adjustment Disorders

AFTER

Specify whether:

309.0 (F43.21) With depressed mood

... [*codes and subtypes continue as printed*]

309.9 (F43.20) Unspecified

ADD

Specify if: Acute, Persistent (chronic)

DSM-5 criteria for Adjustment Disorders should be revised as follows (see highlighted text), p. 287 (Desk Reference, p. 152):

AFTER

Specify whether:

309.0 (F43.21) With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.

... [*codes and subtypes continue as printed*]

309.9 (F43.20) Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

ADD

Specify if:

Acute: If the disturbance lasts less than 6 months

Persistent (chronic): If the disturbance lasts for 6 months or longer

Sleep-Wake Disorders

ICD-9-CM and ICD-10-CM coding changes for Insomnia Disorder and Hypersomnolence Disorder

Codes are found on the following pages:

- Insomnia Disorder: DSM-5: pp. xxii, 362 (*also change code in coding note*), 848, 870, 873, 890, 892
Desk Reference: pp. xxii, 181, 182 (*change code in coding note*)
- Hypersomnolence Disorder: DSM-5: pp. xxii, 368, 369 (*change code in coding note*), 847, 870, 873, 890, 892
Desk Reference: pp. xxii, 182, 183 (*change code in coding note*)

DSM-5 Classification, Sleep-Wake Disorders, change codes for Insomnia Disorder and Hypersomnolence Disorder, p. xxii (Desk Reference, p. xxii):

Insomnia Disorder

- Change 780.52 to **307.42**
- Change (G47.00) to **(F51.01)**

Hypersomnolence Disorder

- Change 780.54 to **307.44**
- Change (G47.10) to **(F51.11)**

DSM-5 criteria, ICD-9-CM and ICD-10-CM codes should be revised as follows:

Insomnia Disorder

Codes in “Diagnostic Criteria,” p. 362 (Desk Reference, p. 181):

- Change 780.52 to **307.42**
- Change (G47.00) to **(F51.01)**

Coding note, p. 362 (Desk Reference, p. 182):

- Change 780.52 (G47.00) to **307.42 (F51.01)**

Hypersomnolence Disorder

Codes in “Diagnostic Criteria,” p. 368 (Desk Reference, p. 182):

- Change 780.54 to **307.44**
- Change (G47.10) to **(F51.11)**

Coding note, p. 369 (Desk Reference, p. 183):

- Change 780.54 (G47.10) to **307.44 (F51.11)**

Alphabetical Listing (*not applicable to Desk Reference*)

Hypersomnolence disorder, p. 847

- Change 780.54 to **307.44**
- Change G47.10 to **F51.11**

Insomnia disorder, p. 848

- Change 780.52 to **307.42**
- Change G47.00 to **F51.01**

Numerical Listing (ICD-9-CM), p. 870 (*not applicable to Desk Reference*)

After “307.3 Stereotypic movement disorder,” **ADD**

- **307.42 Insomnia disorder**
- **307.44 Hypersomnolence disorder**

DELETE

- 780.52 Insomnia disorder, p. 873
- 780.54 Hypersomnolence disorder, p. 873

Sleep-Wake Disorders (*continued*)

Numerical Listing (ICD-10-CM), p. 890 (*not applicable to Desk Reference*)

After “F50.9 Unspecified feeding or eating disorder,” **ADD**

- **F51.01 Insomnia disorder**
- **F51.11 Hypersomnolence disorder**

DELETE

- G47.00 Insomnia disorder, p. 892
- G47.10 Hypersomnolence disorder, p. 892

Disruptive, Impulse-Control, and Conduct Disorders

ICD-9-CM coding change for Conduct Disorder, Adolescent-onset type

(ICD-10-CM code remains UNCHANGED)

Codes are found on the following pages: DSM-5: pp. xxiv, 846, 871; Desk Reference: p. xxv

DSM-5 Classification, Disruptive, Impulse-Control, and Conduct Disorders:

Conduct Disorder, Adolescent-onset type, p. xxiv (Desk Reference, p. xxv):

- Change 312.32 to **312.82**

[NO CORRECTION NEEDED TO CODING IN CRITERIA SET]

Alphabetical Listing, p. 846 (*not applicable to Desk Reference*)

Replace the ICD-9-CM code as follows for Conduct Disorder, Adolescent-onset type:

- Change 312.32 to **312.82**

Numerical Listing (ICD-9-CM), p. 871 (*not applicable to Desk Reference*):

- Change 312.32 to **312.82** Conduct Disorder, Adolescent-onset type
- Move **312.82 Conduct Disorder, Adolescent-onset type** to precede “312.89 Conduct Disorder, Unspecified onset”

ICD-10-CM coding change for Kleptomania (ICD-9-CM code remains UNCHANGED)

Codes are found on the following pages: DSM-5: pp. xxiv, 478, 848, 890;

Desk Reference: pp. xxvi, 225

DSM-5 Classification, Disruptive, Impulse-Control, and Conduct Disorders:

Kleptomania, p. xxiv (Desk Reference, p. xxvi):

- Change F63.3 to **F63.2**

DSM-5 criteria, ICD-10-CM code for Kleptomania should be revised as follows, p. 478

(Desk Reference, p. 225):

- Change F63.3 to **F63.2**

Alphabetical Listing, p. 848 (*not applicable to Desk Reference*)

Replace the ICD-10-CM code as follows for Kleptomania:

- Change F63.3 to **F63.2**

Numerical Listing (ICD-10-CM), p. 890 (*not applicable to Desk Reference*):

- Change F63.3 to **F63.2** Kleptomania
- Move **F63.2 Kleptomania** to precede “F63.3 Trichotillomania (hair-pulling disorder)”

Neurocognitive Disorders

DSM-5 Classification Excerpt for

Major Neurocognitive Disorders Due to Possible Etiologies

DSM-5, pp. xxx–xxxii; Desk Reference, pp. xxxiii–xxxvi

Updates to the DSM-5 Classification contain revised coding and notes for the major neurocognitive disorders due to possible etiologies (neurocognitive disorders without coding changes are not included):

Major Neurocognitive Disorder Due to Alzheimer's Disease
Major Frontotemporal Neurocognitive Disorder
Major Neurocognitive Disorder With Lewy Bodies
Major Vascular Neurocognitive Disorder
Major Neurocognitive Disorder Due to Parkinson's Disease

Major and Mild Neurocognitive Disorders (602) [**299 in Desk Reference*]

Specify whether due to: Alzheimer's disease, Frontotemporal lobar degeneration, Lewy body disease, Vascular disease, Traumatic brain injury, Substance/medication use, HIV infection, Prion disease, Parkinson's disease, Huntington's disease, Another medical condition, Multiple etiologies, Unspecified

^a*Specify* Without behavioral disturbance, With behavioral disturbance. *For mild neurocognitive disorder, behavioral disturbance cannot be coded but should still be indicated in writing.*

^b*Specify* current severity: Mild, Moderate, Severe. *This specifier applies only to major neurocognitive disorders (including probable and possible).*

Note: As indicated for each subtype, an additional medical code is needed for major neurocognitive disorders, including those due to probable and possible medical etiologies. The medical etiology should be coded first, before the code for the major neurocognitive disorder. An additional medical code should *not* be used for mild neurocognitive disorder.

Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease (611)

[**305 in Desk Reference*]

____ (____) Major Neurocognitive Disorder Due to Probable Alzheimer's Disease^b

Note: Code first **331.0 (G30.9)** Alzheimer's disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

____ (____) Major Neurocognitive Disorder Due to Possible Alzheimer's Disease^b

Note: Code first **331.0 (G30.9)** Alzheimer's disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due to Alzheimer's Disease^a

Major or Mild Frontotemporal Neurocognitive Disorder (614) [**306 in Desk Reference*]

____ (____) Major Neurocognitive Disorder Due to Probable Frontotemporal Lobar Degeneration^b

Note: Code first **331.19 (G31.09)** frontotemporal disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

____ (____) Major Neurocognitive Disorder Due to Possible Frontotemporal Lobar Degeneration^b

Note: Code first **331.19 (G31.09)** frontotemporal disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration^a

Neurocognitive Disorders
DSM-5 Classification Excerpt for
Major Neurocognitive Disorders Due to Possible Etiologies (continued)

Major or Mild Neurocognitive Disorder With Lewy Bodies (618) [308 in Desk Reference*]**

____ (____) Major Neurocognitive Disorder With Probable Lewy Bodies^b

Note: Code first **331.82 (G31.83)** Lewy body disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

____ (____) Major Neurocognitive Disorder With Possible Lewy Bodies^b

Note: Code first **331.82 (G31.83)** Lewy body disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder With Lewy Bodies^a

Major or Mild Vascular Neurocognitive Disorder (621) [309 in Desk Reference*]**

____ (____) Major Neurocognitive Disorder Probably Due to Vascular Disease^b

Note: No additional medical code for vascular disease.

290.40 (F01.51) With behavioral disturbance

290.40 (F01.50) Without behavioral disturbance

____ (____) Major Neurocognitive Disorder Possibly Due to Vascular Disease^b

Note: No additional medical code for vascular disease.

290.40 (F01.51) With behavioral disturbance

290.40 (F01.50) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due To Vascular Disease^a

Major or Mild Neurocognitive Disorder Due to Parkinson's Disease (636)

[316 in Desk Reference*]**

____ (____) Major Neurocognitive Disorder Probably Due to Parkinson's Disease^b

Note: Code first **332.0 (G20)** Parkinson's disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

____ (____) Major Neurocognitive Disorder Possibly Due to Parkinson's Disease^b

Note: Code first **332.0 (G20)** Parkinson's disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due to Parkinson's Disease^a

Neurocognitive Disorders

Updated Coding Table

Incorporates revisions for major neurocognitive disorders due to possible etiologies

DSM-5, pp. 603–604; Desk Reference, pp. 302–304

Coding note: Code based on medical or substance etiology. In some cases, there is need for an additional code for the etiological medical condition, which must immediately precede the diagnostic code for major neurocognitive disorder, as follows:

Etiological subtype	Associated etiological medical code for major neurocognitive disorder ^a	Major neurocognitive disorder code ^b	Mild neurocognitive disorder code ^c
Alzheimer's disease	331.0 (G30.9)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for Alzheimer's disease.)
Frontotemporal lobar degeneration	331.19 (G31.09)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for frontotemporal disease.)
Lewy body disease	331.82 (G31.83)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for Lewy body disease.)
Vascular disease	No additional medical code	290.40 (F01.5x)	331.83 (G31.84) (Do not use additional code for the vascular disease.)
Traumatic brain injury	907.0 (S06.2X9S)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for the traumatic brain injury.)
Substance/medication-induced	No additional medical code	Code based on the type of substance causing the major neurocognitive disorder ^{c, d}	Code based on the type of substance causing the mild neurocognitive disorder ^d
HIV infection	042 (B20)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for HIV infection.)
Prion disease	046.79 (A81.9)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for prion disease.)
Parkinson's disease	332.0 (G20)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for Parkinson's disease.)
Huntington's disease	333.4 (G10)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional code for Huntington's disease.)

Neurocognitive Disorders

Updated Coding Table (*continued*)

Etiological subtype	Associated etiological medical code for major neurocognitive disorder ^a	Major neurocognitive disorder code ^b	Mild neurocognitive disorder code ^c
Due to another medical condition	Code the other medical condition first (e.g., 340 [G35] multiple sclerosis)	294.1x (F02.8x)	331.83 (G31.84) (Do not use additional codes for the presumed etiological medical conditions.)
Due to multiple etiologies	Code all of the etiological medical conditions first (with the exception of vascular disease)	294.1x (F02.8x) (Plus the code for the relevant substance/medication-induced major neurocognitive disorders if substances or medications play a role in the etiology.)	331.83 (G31.84) (Plus the code for the relevant substance/medication-induced mild neurocognitive disorders if substances or medications play a role in the etiology. Do not use additional codes for the presumed etiological medical conditions.)
Unspecified neurocognitive disorder	No additional medical code	799.59 (R41.9)	799.59 (R41.9)

^a Code first, before code for major neurocognitive disorder.

^b Code fifth character based on symptom specifier: .x0 without behavioral disturbance; .x1 with behavioral disturbance (e.g., psychotic symptoms, mood disturbance, agitation, apathy, or other behavioral symptoms).

^c **Note:** Behavioral disturbance specifier cannot be coded but should still be indicated in writing.

^d See “Substance/Medication-Induced Major or Mild Neurocognitive Disorder.”

Neurocognitive Disorders

Updated Coding Notes in DSM-5 Criteria Sets

See table for specific pages containing updates in DSM-5 and Desk Reference.

Disorder	Updated coding note
Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease	<p>Coding note: For major neurocognitive disorder due to probable Alzheimer's disease, with behavioral disturbance, code first 331.0 (G30.9) Alzheimer's disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to probable Alzheimer's disease, without behavioral disturbance, code first 331.0 (G30.9) Alzheimer's disease, followed by 294.10 (F02.80).</p> <p>For major neurocognitive disorder due to possible Alzheimer's disease, with behavioral disturbance, code first 331.0 (G30.9) Alzheimer's disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to possible Alzheimer's disease, without behavioral disturbance, code first 331.0 (G30.9) Alzheimer's disease, followed by 294.10 (F02.80).</p> <p>For mild neurocognitive disorder due to Alzheimer's disease, code 331.83 (G31.84). (Note: Do <i>not</i> use the additional code for Alzheimer's disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, pp. 611–612; in Desk Reference, p. 306.</i></p>
Major or Mild Frontotemporal Neurocognitive Disorder	<p>Coding note: For major neurocognitive disorder due to probable frontotemporal lobar degeneration, with behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to probable frontotemporal lobar degeneration, without behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.10 (F02.80).</p> <p>For major neurocognitive disorder due to possible frontotemporal lobar degeneration, with behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to possible frontotemporal lobar degeneration, without behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.10 (F02.80).</p> <p>For mild neurocognitive disorder due to frontotemporal lobar degeneration, code 331.83 (G31.84). (Note: Do <i>not</i> use the additional code for frontotemporal disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, p. 615; in Desk Reference, pp. 307–308.</i></p>
Major or Mild Neurocognitive Disorder With Lewy Bodies	<p>Coding note: For major neurocognitive disorder with probable Lewy bodies, with behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.11 (F02.81). For major neurocognitive disorder with probable Lewy bodies, without behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.10 (F02.80).</p> <p>For major neurocognitive disorder with possible Lewy bodies, with behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.11 (F02.81). For major neurocognitive disorder with possible Lewy bodies, without behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.10 (F02.80).</p> <p>For mild neurocognitive disorder with Lewy bodies, code 331.83 (G31.84). (Note: Do <i>not</i> use the additional code for Lewy body disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, pp. 618–619; in Desk Reference, p. 309.</i></p>

Neurocognitive Disorders
Updated Coding Notes in DSM-5 Criteria Sets (*continued*)

Disorder	Updated coding note
Major or Mild Vascular Neurocognitive Disorder	<p>Coding note: For major neurocognitive disorder probably due to vascular disease, with behavioral disturbance, code 290.40 (F01.51). For major neurocognitive disorder probably due to vascular disease, without behavioral disturbance, code 290.40 (F01.50). An additional medical code for the vascular disease is not needed.</p> <p>For major neurocognitive disorder possibly due to vascular disease, with behavioral disturbance, code 290.40 (F01.51). For major neurocognitive disorder possibly due to vascular disease, without behavioral disturbance, code 290.40 (F01.50). An additional medical code for the vascular disease is not needed.</p> <p>For mild neurocognitive disorder due to vascular disease, code 331.83 (G31.84). (Note: Do <i>not</i> use an additional code for the vascular disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, p. 621; in Desk Reference, p. 310.</i></p>
Major or Mild Neurocognitive Disorder Due to Parkinson's Disease	<p>Coding note: For major neurocognitive disorder probably due to Parkinson's disease, with behavioral disturbance, code first 332.0 (G20) Parkinson's disease, followed by 294.11 (F02.81). For major neurocognitive disorder probably due to Parkinson's disease, without behavioral disturbance, code first 332.0 (G20) Parkinson's disease, followed by 294.10 (F02.80).</p> <p>For major neurocognitive disorder possibly due to Parkinson's disease, with behavioral disturbance, code first 332.0 (G20) Parkinson's disease, followed by 294.11 (F02.81). For major neurocognitive disorder possibly due to Parkinson's disease, without behavioral disturbance, code first 332.0 (G20) Parkinson's disease, followed by 294.10 (F02.80).</p> <p>For mild neurocognitive disorder due to Parkinson's disease, code 331.83 (G31.84). (Note: Do <i>not</i> use the additional code for Parkinson's disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, pp. 636–637; in Desk Reference, p. 317.</i></p>

Neurocognitive Disorders

Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)

This excerpt provides the updated ICD-9-CM and ICD-10-CM codes for major neurocognitive disorders due to possible etiologies and reintegrates their placement within the listing. (DSM-5 only, pp. 849–850; not applicable to Desk Reference)

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2015.
ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

ICD-9-CM	ICD-10-CM	Disorder, condition, or problem
		Major neurocognitive disorder due to another medical condition
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder due to HIV infection (<i>code first</i> 042 [B20] HIV infection)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder due to Huntington's disease (<i>code first</i> 333.4 [G10] Huntington's disease)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder due to multiple etiologies
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder due to possible Alzheimer's disease (<i>code first</i> 331.0 [G30.9] Alzheimer's disease)
		Major neurocognitive disorder due to probable Alzheimer's disease (<i>code first</i> 331.0 [G30.9] Alzheimer's disease)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder due to possible frontotemporal lobar degeneration (<i>code first</i> 331.19 [G31.09] frontotemporal disease)
		Major neurocognitive disorder due to probable frontotemporal lobar degeneration (<i>code first</i> 331.19 [G31.09] frontotemporal disease)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance

Neurocognitive Disorders
Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)
(continued)

ICD-9-CM	ICD-10-CM	Disorder, condition, or problem
		Major neurocognitive disorder with possible Lewy bodies (<i>code first</i> 331.82 [G31.83] Lewy body disease)
		Major neurocognitive disorder with probable Lewy bodies (<i>code first</i> 331.82 [G31.83] Lewy body disease)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder possibly due to Parkinson's disease (<i>code first</i> 332.0 [G20] Parkinson's disease)
		Major neurocognitive disorder probably due to Parkinson's disease (<i>code first</i> 332.0 [G20] Parkinson's disease)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder possibly due to vascular disease
		Major neurocognitive disorder probably due to vascular disease
290.40	F01.51	With behavioral disturbance
290.40	F01.50	Without behavioral disturbance
		Major neurocognitive disorder due to prion disease (<i>code first</i> 046.79 [A81.9] prion disease)
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance
		Major neurocognitive disorder due to traumatic brain injury (<i>code first</i> 907.0 late effect of intracranial injury without skull fracture [S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela])
294.11	F02.81	With behavioral disturbance
294.10	F02.80	Without behavioral disturbance

Neurocognitive Disorders

Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM)

This excerpt provides the updated ICD-9-CM codes for major neurocognitive disorders due to possible etiologies and reintegrates their placement with other major neurocognitive disorders in the listing. Disorders outside this category or numerical set are not included here.

(DSM-5 only, pp. 863, 866; on p. 872, delete the ICD-9-CM code 331.9 and all corresponding entries; not applicable to Desk Reference)

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2015.
ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

ICD-9-CM Disorder, condition, or problem	
290.40	Major neurocognitive disorder possibly due to vascular disease, With behavioral disturbance
290.40	Major neurocognitive disorder possibly due to vascular disease, Without behavioral disturbance
290.40	Major neurocognitive disorder probably due to vascular disease, With behavioral disturbance
290.40	Major neurocognitive disorder probably due to vascular disease, Without behavioral disturbance
294.10	Major neurocognitive disorder due to another medical condition, Without behavioral disturbance
294.10	Major neurocognitive disorder due to HIV infection, Without behavioral disturbance (<i>code first</i> 042 HIV infection)
294.10	Major neurocognitive disorder due to Huntington's disease, Without behavioral disturbance (<i>code first</i> 333.4 Huntington's disease)
294.10	Major neurocognitive disorder due to multiple etiologies, Without behavioral disturbance
294.10	Major neurocognitive disorder due to possible Alzheimer's disease, Without behavioral disturbance (<i>code first</i> 331.0 Alzheimer's disease)
294.10	Major neurocognitive disorder due to probable Alzheimer's disease, Without behavioral disturbance (<i>code first</i> 331.0 Alzheimer's disease)
294.10	Major neurocognitive disorder due to possible frontotemporal lobar degeneration, Without behavioral disturbance (<i>code first</i> 331.19 frontotemporal disease)
294.10	Major neurocognitive disorder due to probable frontotemporal lobar degeneration, Without behavioral disturbance (<i>code first</i> 331.19 frontotemporal disease)

Neurocognitive Disorders
Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM) (continued)

ICD-9-CM	Disorder, condition, or problem
294.10	Major neurocognitive disorder with possible Lewy bodies, Without behavioral disturbance (<i>code first</i> 331.82 Lewy body disease)
294.10	Major neurocognitive disorder with probable Lewy bodies, Without behavioral disturbance (<i>code first</i> 331.82 Lewy body disease)
294.10	Major neurocognitive disorder possibly due to Parkinson's disease, Without behavioral disturbance (<i>code first</i> 332.0 Parkinson's disease)
294.10	Major neurocognitive disorder probably due to Parkinson's disease, Without behavioral disturbance (<i>code first</i> 332.0 Parkinson's disease)
294.10	Major neurocognitive disorder due to prion disease, Without behavioral disturbance (<i>code first</i> 046.79 prion disease)
294.10	Major neurocognitive disorder due to traumatic brain injury, Without behavioral disturbance (<i>code first</i> 907.0 late effect of intracranial injury without skull fracture)
294.11	Major neurocognitive disorder due to another medical condition, With behavioral disturbance
294.11	Major neurocognitive disorder due to HIV infection, With behavioral disturbance (<i>code first</i> 042 HIV infection)
294.11	Major neurocognitive disorder due to Huntington's disease, With behavioral disturbance (<i>code first</i> 333.4 Huntington's disease)
294.11	Major neurocognitive disorder due to multiple etiologies, With behavioral disturbance
294.11	Major neurocognitive disorder due to possible Alzheimer's disease, With behavioral disturbance (<i>code first</i> 331.0 Alzheimer's disease)
294.11	Major neurocognitive disorder due to probable Alzheimer's disease, With behavioral disturbance (<i>code first</i> 331.0 Alzheimer's disease)
294.11	Major neurocognitive disorder due to possible frontotemporal lobar degeneration, With behavioral disturbance (<i>code first</i> 331.19 frontotemporal disease)
294.11	Major neurocognitive disorder due to probable frontotemporal lobar degeneration, With behavioral disturbance (<i>code first</i> 331.19 frontotemporal disease)

Neurocognitive Disorders

Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM) (*continued*)

ICD-9-CM	Disorder, condition, or problem
294.11	Major neurocognitive disorder with possible Lewy bodies, With behavioral disturbance (<i>code first</i> 331.82 Lewy body disease)
294.11	Major neurocognitive disorder with probable Lewy bodies, With behavioral disturbance (<i>code first</i> 331.82 Lewy body disease)
294.11	Major neurocognitive disorder possibly due to Parkinson's disease, With behavioral disturbance (<i>code first</i> 332.0 Parkinson's disease)
294.11	Major neurocognitive disorder probably due to Parkinson's disease, With behavioral disturbance (<i>code first</i> 332.0 Parkinson's disease)
294.11	Major neurocognitive disorder due to prion disease, With behavioral disturbance (<i>code first</i> 046.79 prion disease)
294.11	Major neurocognitive disorder due to traumatic brain injury, With behavioral disturbance (<i>code first</i> 907.0 late effect of intracranial injury without skull fracture)

Neurocognitive Disorders

Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM)

This excerpt provides the updated ICD-10-CM codes for major neurocognitive disorders due to possible etiologies and reintegrates their placement with other major neurocognitive disorders in the listing. Disorders outside this category or alphanumerical set are not included here.

(DSM-5 only, pp. 877–878; on p. 892, delete the ICD-10-CM code G31.9 and all corresponding entries; not applicable to Desk Reference)

ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

ICD-10-CM	Disorder, condition, or problem
F01.50	Major neurocognitive disorder possibly due to vascular disease, Without behavioral disturbance
F01.50	Major neurocognitive disorder probably due to vascular disease, Without behavioral disturbance
F01.51	Major neurocognitive disorder possibly due to vascular disease, With behavioral disturbance
F01.51	Major neurocognitive disorder probably due to vascular disease, With behavioral disturbance

Neurocognitive Disorders
Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM) (*continued*)

ICD-10-CM	Disorder, condition, or problem
F02.80	Major neurocognitive disorder due to another medical condition, Without behavioral disturbance
F02.80	Major neurocognitive disorder due to HIV infection, Without behavioral disturbance (<i>code first</i> B20 HIV infection)
F02.80	Major neurocognitive disorder due to Huntington's disease, Without behavioral disturbance (<i>code first</i> G10 Huntington's disease)
F02.80	Major neurocognitive disorder due to multiple etiologies, Without behavioral disturbance
F02.80	Major neurocognitive disorder due to possible Alzheimer's disease, Without behavioral disturbance (<i>code first</i> 331.0 Alzheimer's disease)
F02.80	Major neurocognitive disorder due to probable Alzheimer's disease, Without behavioral disturbance (<i>code first</i> G30.9 Alzheimer's disease)
F02.80	Major neurocognitive disorder due to possible frontotemporal lobar degeneration, Without behavioral disturbance (<i>code first</i> G31.09 frontotemporal disease)
F02.80	Major neurocognitive disorder due to probable frontotemporal lobar degeneration, Without behavioral disturbance (<i>code first</i> G31.09 frontotemporal disease)
F02.80	Major neurocognitive disorder with possible Lewy bodies, Without behavioral disturbance (<i>code first</i> G31.83 Lewy body disease)
F02.80	Major neurocognitive disorder with probable Lewy bodies, Without behavioral disturbance (<i>code first</i> G31.83 Lewy body disease)
F02.80	Major neurocognitive disorder possibly due to Parkinson's disease, Without behavioral disturbance (<i>code first</i> G20 Parkinson's disease)
F02.80	Major neurocognitive disorder probably due to Parkinson's disease, Without behavioral disturbance (<i>code first</i> G20 Parkinson's disease)
F02.80	Major neurocognitive disorder due to prion disease, Without behavioral disturbance (<i>code first</i> A81.9 prion disease)
F02.80	Major neurocognitive disorder due to traumatic brain injury, Without behavioral disturbance (<i>code first</i> S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela)
F02.81	Major neurocognitive disorder due to another medical condition, With behavioral disturbance
F02.81	Major neurocognitive disorder due to HIV infection, With behavioral disturbance (<i>code first</i> B20 HIV infection)
F02.81	Major neurocognitive disorder due to Huntington's disease, With behavioral disturbance (<i>code first</i> G10 Huntington's disease)
F02.81	Major neurocognitive disorder due to multiple etiologies, With behavioral disturbance

Neurocognitive Disorders
Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM) (*continued*)

ICD-10-CM	Disorder, condition, or problem
F02.81	Major neurocognitive disorder due to possible Alzheimer's disease, With behavioral disturbance (<i>code first</i> 331.0 Alzheimer's disease)
F02.81	Major neurocognitive disorder due to probable Alzheimer's disease, With behavioral disturbance (<i>code first</i> G30.9 Alzheimer's disease)
F02.81	Major neurocognitive disorder due to possible frontotemporal lobar degeneration, With behavioral disturbance (<i>code first</i> G31.09 frontotemporal disease)
F02.81	Major neurocognitive disorder due to probable frontotemporal lobar degeneration, With behavioral disturbance (<i>code first</i> G31.09 frontotemporal disease)
F02.81	Major neurocognitive disorder with possible Lewy bodies, With behavioral disturbance (<i>code first</i> G31.83 Lewy body disease)
F02.81	Major neurocognitive disorder with probable Lewy bodies, With behavioral disturbance (<i>code first</i> G31.83 Lewy body disease)
F02.81	Major neurocognitive disorder possibly due to Parkinson's disease, With behavioral disturbance (<i>code first</i> G20 Parkinson's disease)
F02.81	Major neurocognitive disorder probably due to Parkinson's disease, With behavioral disturbance (<i>code first</i> G20 Parkinson's disease)
F02.81	Major neurocognitive disorder due to prion disease, With behavioral disturbance (<i>code first</i> A81.9 prion disease)
F02.81	Major neurocognitive disorder due to traumatic brain injury, With behavioral disturbance (<i>code first</i> S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela)